

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>582442</i>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	1		5			
3			2			
4			1			
5	/		/			
6	/		/			
7	/		/			
8	/		/			
9	/		/			
10	2		2			
11	8		1			
12	8		1			
13	8		1			
14	8		1			
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50						
TOTAL ID.		5				
TOTAL DEP.	11		11		11	
TOTAL AIMS		16				

DETAILED COPY  
DE 78

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			